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ABSTRACT

The problems facing older adults when coping with mandatory retirement are discussed. Existing programs, volunteer and government sponsored, are briefly described. Specifically emphasized is the need to recognize the importance of regular physical exercise to maintain health and widen horizons. (JD)

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A SURVEY OF AGING AND LEISURE TIME IN THE UNITED STATES

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Abstract

During this century life expectancies have dramatically increased, creating a growing proportion of our population 65 years or older--so-called "senior citizens." Researchers differ on ideas about what happens to persons as they age, but it seems that the ability of some individuals to continue to lead active, productive lives with a minimum of health problems as they grow older can be related to a multiplicity of factors including heredity, nutrition, physical activity, and psychological attitudes.

The retirement period, often compulsory, represents a dilemma and time of adjustment for the aged. Often the transition from being a part of the active work force to being retired prompts a full-blown psychological crisis for those schooled in the American work ethic. Without an occupational identity many feel useless and unable to cope with the new environment of unstructured leisure time.

How the aged might best use their newfound leisure time--where to live, what to eat, where to go for help, what to do--is a complex, multidimensional subject that calls for thoughtful study. Good programs will improve the quality of life for the aged, whether they lengthen it or not. As this population continues to grow, development of new competencies in helping the aged seems imperative.

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A SURVEY OF AGING AND LEISURE TIME IN THE UNITED STATES

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According to the United States Department of Health, Education, and Welfare, every day over 4000 Americans reach the age of 65. Numbering 21.8 million, the senior citizens of this country represent 10% of the total population, with 37% of their number over 75 years old. Estimates are that by the year 2000, just a little over 20 years from now, the number of senior citizens will swell to 31 million. Life expectancies have increased dramatically during this century, from age 47 in 1900 to age 71 in 1973.

What are these "old people" like? Most are women; there are four or five times as many widows as widowers. Eighty percent live in their own households; 18.33% of this group lives alone. A small percentage (4-5%) lives in institutions--nursing homes, hospitals, homes for the aged, and mental institutions. Most senior citizens live on fixed incomes, with 16-25% falling into the poverty range. Seventeen percent are illiterate or functionally illiterate. As for health problems, approximately three out of every four have at least one chronic condition; after 75 years of age this figure jumps to four out of five. Eighteen percent, almost one in five, are limited in their range of physical activity.

Theories on Aging

What do we know about this increasingly important segment of our population? Gerontology, the study of all aspects of aging (health, social, economic, behavioral, environmental, and other factors) is a relatively new science which seeks to explore some of the contrasting theories about aging. Researchers

differ on ideas about what happens to persons as they age. Some think the body may be programmed to self-destruct, with cells possessing a limited life and death from diseases of old age closely related to death from old age itself. Others feel that most illnesses and deteriorations are environmentally dependent and can therefore be modified by changes in the environment. We do know that there are individuals in certain parts of the world who continue to lead active lives until they are very old--communities of these individuals have been found in Ecuador, Pakistan, and the USSR. It seems that successful aging--that is, the ability of individuals to continue to lead active, productive lives with a minimum of health problems as they grow older--can be related to a multiplicity of factors including heredity, nutrition, physical labor, and psychological attitudes.

The Retirement Paradox

Reaching the age of 65 means compulsory retirement for many American workers. The notion of retiring from the work force while still healthy is a relatively recent one in the United States; in 1900, 66% of those over 65 years of age continued in the labor market, while today this figure has shrunk to a mere 14%. What happens to persons accustomed to working full-time throughout their adult lives who are suddenly thrust into a compulsory leisure situation?

Many people feel that selecting age 65 as the mandatory retirement age is arbitrary and a waste of valuable human resources, both intellectual and physical; the most vigorous resistance to forced retirement comes from professional people who have enjoyed their jobs. Often the transition from being a part of the active work force to being retired prompts a full-blown psychological crisis for those schooled in the American work ethic; without an occupational

identity many feel useless and unable to cope with the new environment of unstructured leisure time.

With few existing norms or behavioral expectations available for retired persons to model, many seem unsure of what directions to take in retirement and often imitate the norms of younger age groups. Some researchers suggest that the aged should exploit this very lack of norms and use it to foster greater flexibility and freedom of choice. The necessity for activity and involvement is debated among theorists; some promote the "wear out don't rust out" concept, while others see the aging process as a mutual and inevitable disengaging of the individual and society. It seems obvious that the retirement period represents both a dilemma and a time of adjustment for great numbers of persons in the United States; a study focusing on the uses of leisure time by the aged thus has significant potential for improving the quality of life for these persons.

Organizations and the Aged

A first step in examining the leisure situation for the aged is taking a look at what programs presently exist to serve this population. Two of the largest government-run programs are Medicare, Title XVIII of the Federal Social Security Act (health insurance for the aged and disabled), and Medicaid , Title XIX of the same Act (grants to states for medical assistance programs). Nursing homes and homes for the aged must by law provide activity programs for their patients in order to receive benefits from Medicare and Medicaid.

The Administration on Aging runs the Foster Grandparents program, and together with OED and the Public Health Service sponsors Home Health Aides (older people serving older people). College and university Adult Education

Programs serving all ages are on the increase. VISTA (Volunteers in Service to America) represents a domestic version of the Peace Corps and includes hundreds of volunteers over 60. Other volunteer programs exist to deal with the special problems of the aged--care, rehabilitation, counseling, nursing, housing, education, nutrition, and recreation.

Leisure and Physical Fitness

One problem to be recognized by those planning leisure programs for the aged is the fact that many of them consider recreation to be "kid stuff" and not a worthwhile use of time. It is easy to see that those already confused by the removal of the work structure from their lives will hardly welcome leisure activities which are basically purposeless. When other aspects of recreational activities (such as therapy, socialization, service to others) can be demonstrated, the activities then become more appealing. The most beneficial activities are those that are creative, educational, and stimulating--activities such as painting, traveling, biking, gardening, acting, producing theatre, camping, and playing golf.

Since only 10% of the aged population are active in organized recreational service programs, the highly organized recreation center may not be the answer. It has been shown, however, that regular activities provide the greatest benefits. Good programs will improve the quality of life whether they lengthen it or not; participants in these programs should experience improved attitudes toward aging and reduced feelings of dissatisfaction and disorientation. Program planners should consider the participants' physical health, emotional well-being, creative impulses, socialization interests, and service instincts in designing the most meaningful leisure programs for specific populations of the aged.

Only 39% of those over 60 get any systematic exercise at all, and within

this group the favored activity is walking. Many of the aged believe that their need for exercise diminishes as they grow older and that they no longer have the capacity or the ability to exercise. Some even think exercise is harmful!

The Administration on Aging now encourages regular activity and exercise, pointing out that the components of fitness are muscular strength, muscular endurance, and circulatory-respiratory endurance. Numerous researchers have shown that bodily movement trains the heart and improves the circulation at any age. General principles of exercise include the following:

1. It should be regular--three to four days a week, 30-45 minutes duration.
2. It should be adapted to the individual's exercise tolerance.
3. It should increase gradually in intensity and duration.
4. It should motivate the individual to want to be fit.
5. It should extend what the individual thinks his limits are.

Since changes in aging are gradual and not specific to chronological age, the process may be slowed down through exercise. Programs such as the Duke University Preventative Approach to Cardiology and the Longevity Research Institute in California have demonstrated that improved diet and exercise can produce significant changes in the health states of the aged. The value of well planned regular exercise can hardly be emphasized enough in its contribution to the overall well-being of the aged individual.

Aging: Retirement to Where?

A number of persons entering the retirement period prefer to remain in their homes, close to family and friends, while others opt to move into retirement communities or institutional environments. Retirement villages, such as Sun City, Arizona, are a fairly recent innovation in the United States. Composed primarily of affluent citizens, these communities offer morning,

afternoon, and evening activities and usually consist of low-maintenance homes and various recreational facilities. The advantages they offer include peer companionship and a wide range of activities and services geared to the needs of the age group; the question naturally arises how much segregation is beneficial for an aged individual. Institutions for the elderly--nursing homes, hospitals, homes for the aged, and extended care residences--provide a protected environment for the more restricted of the aged population. The merits of these particular institutions seem to vary greatly from one to another. Of particular concern is the effect they have on the individual's emotional state and his incentive for independence, or at least a measure of independence.

Aging--What Can Be Done?

First, planning for retirement is essential. Studies have shown that counseling during the pre-retirement period (with emphasis on educating for leisure) has significant benefits for persons going through this transition. The aged should actively participate in the planning; teams of professionals (doctors, social workers, nurses, psychologists, physical therapists, exercise physiologists, etc.) can help. Ideally, more services and work-type activities should be located in the community; greater emphasis also needs to be placed on reaching the economically deprived, the isolated, the ill, and the handicapped.

Careful measures should be taken for the prevention of self-destructive behaviors among the aged. Twenty-five percent of all suicides are persons over 65 years old; accidental deaths are highest (the fifth leading cause of death) among this group. Education for exercise and nutrition can help to minimize health problems, as well as making the "golden years" more enjoyable.

Retirement planning should also include improvement of the environmental life space. Certainly ties with relatives and friends should be strengthened;

the support provided by loved ones can be invaluable in warding off apathy and despair. Careful financial plans should be worked out well in advance of the retirement years; in addition, older individuals should work toward developing new interests and learning to adjust to a change in residence, if necessary, as they approach the transitional period. Some thought should be given to abolishing the mandatory retirement age for those who would prefer not to stop working.

The whole area of aging and leisure is a complex, multidimensional field. It is an area that until now has been given relatively little examination; the time seems ripe for new studies and new research. Development of new competencies in helping the aged seems imperative. The result of this concern can only be improvement in the quality of life for everyone--the elderly as well as caregivers and planners, both professional and volunteer. Acceptance of the inevitability of the life cycle--and the special fruits of each stage--is a key factor in this effort.